2012 BHPr Performance Report for Grants and Cooperative Agreements: Important Facts and Clarifications

Subject: 2012 BHPr Performance Report for Grants and Cooperative Agreements (PRGCA) Instructions for:

> PRIMARY CARE TRAINING AND ENHANCEMENT PROGRAMS (PCTE)
>
> PRIMARY CARE RESIDENCY EXPANSION PROGRAM (PCRE)
>
> EXPANSION OF PHYSICIAN ASSISTANT TRAINING PROGRAM (EPAT)

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Key Words: Grant, Cooperative Agreements, Reports, Bureau of Health Professions

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CRITICAL CORRECTIONS

Grantees will only report data on trainees directly participating in grant funded activities *on all tables*

Due date for grants continuing past August 31, 2012 is October 10, 2012

Grantees will not report data on Table PY-1

Grantees will not report data on Table RH-1

AAU grantees will not report data on Table PC-1

PCRE and EPAT grantees will not report data on Tables EXP-1 and INDGEN-EXP

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General Information

The Bureau of Health Professions (BHPr) Performance Report for Grants and Cooperative Agreements (PRGCA) is designed for grantees to submit data and information on program activities. The BHPr performance measurement system ensures grantees are collecting data that both meet BHPr's statutory requirements and demonstrate the extent to which the priorities and goals of BHPr, HRSA, and DHHS are met. These goals focus on primary care workforce supply, quality, diversity, and distribution as well as the infrastructure of the primary care education system.

Purpose of the Important Facts and Clarifications Document

The instructions for completing the 2012 BHPr PRGCA have changed significantly and frequently based on feedback from grantees and HRSA staff. This document updates and summarizes key points from previous communications from BHPr to grantees about the 2012 BHPr PRGCA. Answers to grantees' frequently asked questions are also included. **It is imperative that grantees familiarize themselves with the information contained here.**

This document is available at http://bhpr.hrsa.gov/grants/medicine/technicalassistance/index.html.

Additional Support Resources

The 2012 BHPr PRGCA manual, Frequently Asked Questions, and Grantee Quick Start Guide can be found at http://bhpr.hrsa.gov/grants/reporting/index.html. The final version of the PRGCA manual is now available.

Grantees will access the 2012 BHPr PRGCA system and resources via the BHPr website at http://bhpr.hrsa.gov/grants/reporting/index.html. Project Directors will receive email notifications from the Electronic Handbooks (EHBs) regarding system opening, due dates, and other important system messages.

The technical assistance PowerPoint presentations to prepare grantees for using the 2012 BHPr PRGCA system that were posted at http://bhpr.hrsa.gov/grants/medicine/technicalassistance/index.html have been removed due to the significant changes made in the instructions since their delivery and posting.

Grantees in need of assistance *accessing the 2012 BHPr PRGCA or entering data* should contact the HRSA Call Center at 1-877-464-4772 or CallCenter@HRSA.GOV.

Grantees in need of assistance *determining what data to enter* into the 2012 BHPr PRGCA system should contact their Project Officer.

Institutional Review Board (IRB) Requirements

BHPr performance reporting is not considered research. BHPr will use the data to evaluate individual grantee and grant program performance. Grantees can use the data in their own internal quality improvement processes. BHPr does not expect IRB approval to be required for program evaluation. However, grantees are responsible for following their institution's IRB requirements.

Deleted Tables

The Research Table (RH-1) has been removed. Grantees will not complete this table.

Missing Data

Follow each table's instructions for reporting missing data.

Grantees with no trainees during the reporting period should contact their project officer for specific instructions for completing the 2012 BHPr PRGCA.

2012 BHPr PRGCA Manual Definitions

The 2012 BHPr PRGCA manual provides definitions for each term. Only use these definitions, even if they do not agree with your institution's definitions.

Reporting Period and Report Due Dates

Reporting Period

Grantees will enter data reflecting their grant activities between July 1, 2011 and June 30, 2012.

Reporting Requirements for Ending Grants

The Final Performance Report is the BHPr PRGCA grantees submit after their grant has ended. The Final Report is a narrative that summarizes the grant's accomplishments and is submitted separately from the Final Performance Report.

Grants That Ended On or Before June 30, 2012

Grants that ended on or before June 30, 2012 should have submitted a Final Performance Report and a Final Report in the prior BHPr PRGCA system by July 31, 2012. Grantees who did not must submit their reports in the 2012 BHPr PRGCA system, which opened September 1, 2012. Grantees in this situation should contact their Project Officer as soon as possible.

Grants Ending Between July 1, 2012 and August 31, 2012

Grants ending between July 1, 2012 and August 31, 2012 will use the 2012 BHPr PRGCA system. Grantees have 90 days from the end of their project period to submit their Final Performance Report and Final Report. The system opened for Final Performance Reports and Final Reports on September 1, 2012 and closes on November 30, 2012 for these grants.

No extensions will be granted.

Reporting Requirements for Continuing Grants

Performance Reports for grants that continue past August 31, 2012 will use the 2012 BHPr PRGCA system. The system will be open from September 1, 2012 through October 10, 2012 for continuing grants. Grantees will receive automated email notifications with due dates from the Electronic Handbooks (EHBs).

No extensions will be granted.

Progress Reports

Some early versions of the 2012 BHPr PRGCA manual contain Appendix F, "Progress Reporting Requirements for BHPr Programs." The Progress Report is a separate annual requirement from the BHPr PRGCA. The next Annual Progress Report cycle will be announced at a later date.

No Cost Extensions

Grants originally scheduled to end on or before August 31, 2012 that have received an extension will complete the 2012 BHPr PRGCA between September 1, 2012 and October 10, 2012. They will report on grant activities for the reporting period of July 1, 2011 to June 30, 2012.

Competing Continuations

Grantees that had a grant end and received a new grant of the same type during the reporting period (July 1, 2011 – June 30, 2012) are required to report on both grants in one 2012 BHPr PRGCA. This situation is called a "competing continuation" and is indicated by a grant number suffix of "-2" on the Notice of Award. The Final Performance Report will be completed after the most recently awarded grant ends.

Setup Forms

The Setup Forms must be completed prior to entering data into the tables. If a correction must be made to a Setup Form, the previously completed tables should be reviewed for accuracy.

Health Profession and Discipline Setup Form

The information provided in this form will determine what health professions and medical disciplines are available in the 2012 BHPr PRGCA tables. The system will require removal of disciplines selected on the Setup Form that have no associated trainees.

Financial Support and Faculty Development Setup Form

Direct BHPr financial support refers to any trainee who is receiving a scholarship, stipend, loan or any direct traineeship support. The Notice of Award indicates if the award budget includes stipends or scholarships.

BHPr-funded faculty development training includes any educational offerings to improve faculty members' skills and ability to implement grant activities, but is not considered direct financial support.

Scholarships are tuition-only funding to aid a person attending an educational institution and are generally not considered taxable income.

Stipends are cost-of-living allowances for trainees and fellows if permitted by a program's statute authorizing or implementing regulations. Generally, these payments are made according to a pre-established schedule based on the individual's experience and level of training. Stipends are not fee-for-service payments and are not subject to the cost accounting requirements of the cost principles. They can be used to defray living expenses during the training experience and are usually considered taxable

income. Primary Care Residency Expansion and Expansion of Physician Assistant Training awards are stipends. Other programs may also allow stipends as indicated in the Funding Opportunity Announcement and Notice of Award.

Traineeships are the provision of graduate or specialized training in a field of study.

Loans are funds advanced to a student by a school from a health professions student loan fund under a properly executed promissory note.

Additional resources to complete this form include the Notice of Award, HRSA Grants Management Specialists (contact information provided in the Notice of Award), the Funding Opportunity Announcement, the application's budget justification section, and the funded institution's business office.

Information on how responses to the Setup Forms affect specific tables is in the Table Specific Information: Table IND-GEN, Table IND-FAC, and Table INDGEN-EXP sections.

Table Specific Information

Reported Data
Grantees will only report data on trainees that directly participated in grant activities or received grant funds during the reporting period on each table.

Remember to report faculty who participated in educational experiences either as faculty development or to gain the required skills to support new curriculum as trainees.

Templates
The Setup Forms and Table LR-1 must be completed prior to downloading templates.

Table LR-1: Total Number of Trainees in BHPr-Funded Programs
Data entered into Table LR-1 are used to validate responses in other tables. Disagreement will generate a system error. The error message will give options on how to resolve the disagreement.

Report only those trainees that directly participated in grant activities or received grant funds. Count each trainee only once. A trainee can be only one of the following categories: an enrollee, a resident or fellow, a graduate, or a program completer. The category options are specific to each funding opportunity. See the "LR-1 Trainee Category Matrix" table for details.

Primary Care Residency Expansion and Expansion of Physician Assistant Training programs report only the expanded resident or student positions, respectively.

All trainees that did not graduate or complete the health profession education program during the reporting period are counted as enrollees. For example, a medical student or physician assistant student

who did not graduate during the reporting period is an enrollee. Enrollees do not include graduates or program completers.

Graduate and program completer status do not refer to the trainee completing grant funded activities. Rather, they describe completion of the health profession education program in which they are enrolled. Examples include medical school, physician assistant education program, residency, fellowship). **For faculty, the opposite is true. Report faculty who have completed their grant activities as program completers.**

A graduate is a trainee who successfully completed all educational requirements for a specified academic program of study culminating in a degree or diploma, such as a university, college, or health professions school, during this reporting period. Medical students and physician assistant students that graduated during the reporting period are reported as graduates.

A program completer is a trainee who successfully completed all educational requirements for a specified academic program of study that did not culminate in a degree or diploma. Examples include a residency program, fellowship, faculty development program, or certificate program completed during this reporting period.

Residency Training in Primary Care program specific information:

1) The "Enrollee" category is not available so there is no place to report faculty who continue in the grant activities past the reporting period. Therefore, report all faculty trainees as "Program Completers" even if they have not completed the grant supported faculty education activities. This will be corrected in future versions of the BHPr PRGCA.
2) Resident enrollees are reported in the "Fellowships and Residencies" category and residents who have completed the residency training program during the reporting period are reported as program completers.

Primary Care Training and Enhancement programs, Primary Care Residency Expansion program, and Expansion of Physician Assistant Training program grantees do not provide continuing education data. This field will not be active.

Table LR-2: Trainees by Age and Gender
Count each trainee only once.

Table DV-1: Trainees by Ethnicity and Race
Foreign-born trainees should be reported as "Unknown" if the defined categories do not apply to them.

Table DV-2: Trainees with Disadvantaged Background
Educationally disadvantaged refers to an individual who comes from an environment that has inhibited them from obtaining knowledge, skills, and abilities required to enroll in and graduate from a health professions school. Refer to the 2012 BHPr PRGCA manual glossary for the definition and criteria of disadvantaged.

Economically disadvantaged refers to an individual who comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index and adjusted by the Secretary for use in all health professions programs. HRSA does not expect grantees to adjust for changes to poverty levels over time; instead report economic status as experienced by the trainee.

The definitions of disadvantaged backgrounds do not change according to trainee level. Disadvantaged background data for all trainees, including faculty, is determined by their family's demographics prior to graduating from high school.

Table DV-3: Trainees by Residential Background

Provide data based on students, residents, and fellows' residence prior to matriculation into the BHPr supported program. Faculty data should reflect their residence at the time they matriculated into the grant activity.

Report trainees' residential background according to the urban and rural definitions provided in the 2012 BHPr PRGCA Manual. The frontier and suburban categories are no longer available for data entry. Report trainees that do not meet the definitions of urban and rural as unknown.

Resources for determining rural settings:
1) All counties that are not part of a Metropolitan Statistical Area (MSA) can be found at this Web site:
http://www.census.gov/population/www/estimates/metroarea.html
2) Rural-Urban commuting area (RUCA) codes can be found at this Web site:
http://www.ers.usda.gov/briefing/Rurality/RuralUrbanCommutingAreas/
3) Eligible counties and census tracts inside Metro counties can be found at this Web site:
http://datawarehouse.hrsa.gov/RuralAdvisor/
4) Rural area calculator by address, sponsored by the Rural Assistance Center can be found at this Web site: http://ims2.missouri.edu/rac/amirural/

Table PY-1: Prior Year Completers and Graduates

No data will be entered into Table PY-1. However, this table could not be removed from the system. When the table appears, select one health profession/discipline and click the "Add" button. After selecting a health profession/discipline in the EHBs reporting system, by default, a table will appear with five rows to be completed. Delete four of the rows. In the remaining row enter zero ("0") in each field.

Table PC-1: Primary Care: Program Level Supply Indicators

The response options for Primary Degree Focus Area include a Master in Public Health (MPH) degree followed by multiple content areas that describe the focus of the MPH, such as biostatistics, community health education, etc.

In "# of Positions Offered/Recruited" provide the number of positions the educational program (medical school, physician assistant education program, residency, fellowship, faculty development program) attempted to fill using BHPr funds or as part of grant activities, for the entire educational program; for example, medical school years 1 through 4.

Academic Administrative Units in Primary Care grantees will not complete Table PC-1.

Table PC1a2: Description of Enrollment and Outcomes

The training year refers to the trainees' academic year in the educational program. For example, report aggregate data for medical students in the first year of medical school, or residents in their third year of post graduate training, or faculty in the second year of the grant funded faculty development curriculum. As faculty do not have designated academic years, provide the number of years the faculty trainee has participated in grant activities.

In "Total number of positions filled by training year" provide the number of trainees matriculating into each academic year that are receiving BHPr funds or directly participating in grant activities; for example first, second, and third post graduate year residents.

An expanded position is a trainee position added during the reporting period that increased the class size as a result of grant funding and/or activities. For example, if in the 2010-2011 academic year, the program added 5 positions for a BHPr funded clinical track, enter 5 expanded positions.

Table R-1: Residency Programs: Program Level Supply Indicators

Table R-1 is only completed by Residency Training in Primary Care and Primary Care Residency Expansion program grantees.

An expanded position is a trainee position added during the reporting period that increased the class size. For example, if in the 2011-2012 academic year, the residency program offered 3 additional post-graduate year 1 positions as a result of BHPr funding and/or activities then enter 3 expanded residency positions added.

Table PC-R: Primary Care Curriculum Content

In Table PC-R, the curriculum content areas and teaching strategies are provided. Indicate which content areas and teaching strategies are taught by grant activities by first determining if it is elective or required and then marking the approach used (research, didactic, experiential).

Person-focused continuous care means healthcare services specific to an individual's needs, values, and/or lifestyle that are provided on an ongoing basis.

First contact care means the initial interaction between an individual and a healthcare provider and/or healthcare system.

Informatics refers to the study of information processing, systems integration, and human interactions with machine and data. Examples may include electronic health records and patient portals.

Table EXP-1a: Training Site Description

Report all training sites offering grant activities. Enter the name and address of each site. List each hospital service with which the residents trained to fulfill grant activities.

The number of clinical trainings per site refers to the number of one-half day patient care sessions in which the trainees participated as part of grant funded activities.

Report only the trainees participating in grant activities at the site.

Primary Care Residency Expansion and Expansion of Physician Assistant Training program grantees do not complete Table EXP-1a.

Table IND-GEN: Individual Trainee General Characteristics

Report only trainees that received stipends, scholarships, loans, or traineeships and faculty receiving direct BHPr financial support.

Grantees are required to create a unique seven digit alpha-numeric identifier for each program trainee to be reported in Table IND-GEN. The institution's established ID codes may be used. Please do not use any personally identifying information, such as birth dates or insurance numbers, when assigning trainees unique identifiers. The unique trainee identifiers will be used on each BHPr PRGCA; therefore they must be maintained and individual-specific throughout the grant's duration.

Report only highest degree earned by each trainee.

The Notice of Award indicates if the budget includes stipends or scholarships and their amounts. *See "Setup Forms" for additional information.*

Primary Care Residency Expansion (PCRE) and Expansion of Physician Assistant Training (EPAT) awards are stipends. PCRE grantees should report an $80,000 stipend for each expansion resident. EPAT grantees should report only the amount of the $22,000 per expansion student that is a stipend.

To ease data entry, Table IND-GEN accepts uploaded spreadsheets. Instructions to upload spreadsheets are provided within BHPr 2012 PRGCA in the Electronic Handbooks (EHBs).

The list of programs that are required to complete IND-GEN is provided in the 2012 BHPr PRGCA Manual Appendix D: Matrix of Cross-Cutting Data Tables Required by Program.

Table IND-FAC: Individual Faculty Trainee Characteristics

Table IND-FAC supplements data reported in Table IND-GEN for faculty trainees. If no faculty received training as a grant activity or received grant funds, Table IND-FAC will not be enabled. Do not include individuals that are teaching the faculty trainees.

"Additional Degree" refers to a degree that is conferred to a faculty trainee as part of the grant activities. Only one degree per faculty trainee may be reported. This field is only completed by Physician Faculty Development and Interdisciplinary and Interprofessional Joint Graduate Degree program grantees.

Table INDGEN-EXP: Trainee-to-Site Association

Report the number of patients the trainee evaluated personally or as a preceptor at each clinical site hosting grant activities for the reporting period.

Primary Care Residency Expansion and Expansion of Physician Assistant Training program grantees do not complete Table INDGEN-EXP.

Tables IND-GEN, IND-FAC, and INDGEN-EXP Program Specific Instructions

Interdisciplinary and Interprofessional Joint Graduate Degree and Predoctoral Training in Primary Care programs:

1) Instructions According to Responses on Financial Support and Faculty Development Setup Form
   a. "Yes" direct BHPr financial support is provided: Tables IND-GEN, IND-FAC, and INDGEN-EXP will be enabled and the total financial award amount in Table IND-GEN must be >0.
   b. "No" direct BHPr financial support is provided: Tables IND-GEN, IND-FAC, and INDGEN-EXP will be disabled.
   c. The response to whether BHPr funded faculty development is provided does not enable or disable Table IND-FAC.

Academic Administrative Units in Primary Care, Residency Training in Primary Care, Physician Faculty Development in Primary Care, Physician Assistant Training in Primary Care, Primary Care Residency Expansion, and Expansion of Physician Assistant Training programs:

1) Instructions According to Responses on Financial Support and Faculty Development Setup Form
   a. "Yes" direct BHPr financial support is provided: Tables IND-GEN and INDGEN-EXP will be enabled and the total financial award amount in Table IND-GEN must be >0.
   b. "No" direct BHPr financial support is provided: Table IND-GEN will be enabled and the total financial award amount must = 0. Follow below instructions for completing the form using placeholder data.
   c. "Yes" BHPr funded faculty development is provided: Table IND-FAC will be enabled.
   d. "No" BHPr funded faculty development is provided: Table IND-FAC will be disabled.
   e. Primary Care Residency Expansion and Expansion of Physician Assistant Training program grantees do not complete Table INDGEN-EXP.

Entering Placeholder Data
If no trainee receives direct financial support and Table IND-GEN and/or Table IND-FAC is enabled, placeholder data must be entered to move on to the next table. Enter "XXXXXXX" as the trainee unique identifier and "X" or "0" in the remaining fields. Select any choice from the drop down menus. If INDGEN-EXP is enabled, associate trainee identifier "XXXXXXX" with any of the site choices from EXP-1a. In the comment section, state no trainees received direct financial support.

Table CLSET-1: Clinical Settings per Training Year
The response categories are "Medically Underserved Community" (MUC) and "Rural Environment" only. Both category options may be selected. If a MUC is also rural, count it in both categories.

Report on the clinical training sites identified in Table EXP-1.

Table AAU-1: Academic Administrative Units in Primary Care Program Characteristics and Activities
Table AAU-1 is only completed by Academic Administrative Units in Primary Care grantees.

Table PFD-1: Physician Faculty Development in Primary Care Program Purpose and Completer Outcomes

Table PFD-1 is only completed by Physician Faculty Development in Primary Care grantees.